

**APPENDIX "A"**  
**VOLUNTEER AND RURAL FIRE ASSISTANCE GRANT PROGRAM**  
**PREVENTION**

F-239

Contract No: \_\_\_\_\_

**A. DETAILED DESCRIPTION OF THE SUBPROJECT:****COURSE TITLE****NUMBER PRINTED**


**B. SUBPROJECT COSTS:**

1. **Contributed Labor:** Includes all trainees' time which is volunteered during training.

Number of Hours \_\_\_\_\_

Cost at \$7.50/hour \$ \_\_\_\_\_

2. **Contracted Services:** Labor, supplies and materials to be supplied to you under a contract. Includes training provided to you which results in a billing for services rendered.

Total Hours \_\_\_\_\_

Cost of Contract \$ \_\_\_\_\_

Services to be provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost of Supplies and Materials: \$ \_\_\_\_\_

Cost of Labor: \$ \_\_\_\_\_

**Total Contracted Cost:** \$ \_\_\_\_\_

3. **Supplies and Materials:** All training materials utilized or purchased for training purposes (not supplied by a contractor) and which are under \$1,000.00 per single item.

**ITEM****ESTIMATED COST**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

(Expand on additional sheets, if necessary)

**TOTAL** \$ \_\_\_\_\_

4. **Capital Equipment:** All items not supplied by a contractor and which are over \$5,000.00 per single item.

ITEM	MAKE AND MODEL	ESTIMATED COST

(Expand on additional sheets if necessary)

**TOTAL \$** \_\_\_\_\_

5. **Other Costs:** List other costs not specified in other categories. Travel expenses should be listed here as a separate line item.

<u>ITEM</u>	<u>ESTIMATED COST</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

(Expand on additional sheets, if necessary)

**TOTAL \$** \_\_\_\_\_

**C. TOTAL SUBPROJECT COSTS:**

Contributed Labor	\$ _____
Contracted Services	\$ _____
Supplies and Materials	\$ _____
Capital Equipment	\$ _____
Other Costs	\$ _____

**TOTAL \$** \_\_\_\_\_